

# **BUDGET REVISION CHILD CARE FACILITY IMPROVEMENT GRANT**

## **INSTRUCTIONS FOR COMPLETING THE BUDGET REVISION FORM**

**Depending on the needs of your program, you may need to revise your budget and propose funding items different than those originally proposed in your original application. Use this form to document the amount of and reasons for the proposed budget revision. Send the proposed revision to your assigned Program Development Specialist (PDS) at the Department of Social Services/Children's Division, Early Childhood Services & Prevention Section for review and approval. You may be contacted and requested to provide additional information to justify the proposed revision. When the proposed budget revision has been approved, you will receive notification of approval from your assigned PDS and, from that point forward, you must reflect the revised amounts on your invoices at Column A – Budget Amount (From Your Contract).**

**SEND TO:** Mail, e-mail as an attachment or scanned document, fax, or E-Mail your Budget Revision Form using the contact information shown in this section.

**Contract #:** Enter the contract number (such as, SDA49200XX) that the Department of Social Services has assigned to your Child Care Facility Improvement Grant (CCFIG) contract.

**Amendment #:** Enter the amendment number (such as 001) that the Department of Social Services has assigned to your CCFIG contract. If this is the first issuance of your contract, the amendment number is 000.

**Program Year:** Enter the program year of the CCFIG) contract for which you are reporting. Program years start on July 1 of one year and end on June 30 of the next year, such as July 1, 2010 through June 30, 2011. The program year is the year in which the contract ends, in this example, 2011.

**Program:** Enter the name of the child care or early learning program to which the contract has been issued (such as, Kid's Korner Kiddie Kare or Joan Smith.)

**Contact Person:** Enter the name of the person who should be contacted if there are any questions regarding the Budget Revision Form.

**Phone #:** Enter the telephone number of the person who should be contacted if there are any questions regarding the Budget Revision Form.

**Address:** Enter the mailing address of the organization, facility, or person to which the contract has been issued as it appears on your contract.

**E-Mail Address:** Enter the E-mail address of the person who should be contacted if there are any questions regarding the Budget Revision Form.

**Original Budget Item:** List all items from your original budget submitted in your application.

**Original Budget Amount:** Enter the amount that you budgeted for each of the Original Budget Items in your application. Do not enter dollar signs; the form is formatted to enter these automatically.

**Proposed Budget Item:** Enter any new budget items that you wish to substitute for the original budget items.

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**Proposed Budget Amount:** Enter the budget amount of the proposed new item. Do not enter dollar signs; the form is formatted to enter these automatically.

**Budget Difference (+ or -):** The difference between the original budget and the new budget will automatically calculate and display based on your entries.

**Reason for Requested Change:** Provide a short narrative explanation of why you are requesting the budget revision.

**TOTAL:** The Original Budget Amount, Proposed Budget Amount, and Budget Difference (+ or -) columns will automatically total and the totals for each will display. The Original Budget Amount should equal the Proposed New Budget Amount and match the award amount on your contract, and the Budget Difference (+ or -) should equal zero (0).

**Signature:** The person submitting the Budget Revision Form should sign the form.

**Date:** Enter the date that the Budget Revision Form is completed/submitted to DSS/CD, Early Childhood Prevention and Services Section.

<b>KEEP A COPY OF THE BUDGET REVISION FORM FOR YOUR RECORDS!</b>
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